BROWN COUNTY HEALTH CARE CENTER/BAYVIEW - FDD

2900 ST. ANTHONY DRIVE

GREEN BAY 54311 Phone: (920) 391-4700 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 64 Yes Number of Residents on 12/31/02: Average Daily Census: 59

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care	No			Age Groups	%		17.7	
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		1	90.3	1 1 10010	16.1 66.1	
Day Services	No	·		65 <b>-</b> 74	6.5			
Respite Care	No			1 75 - 84	3.2	•	100.0	
Adult Day Care	No   Alcohol & Other Drug Ab			85 - 94		  ************		
Adult Day Health Care No				95 & Over	0.0	•		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Resi		
Home Delivered Meals	No	Fractures	0.0	100.0		(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	9.7			
Transportation	No	Cerebrovascular	0.0			RNs	5.5	
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	7.3	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	61.3	Aides, & Orderlies	52.7	
Mentally Ill	Yes			Female	38.7	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled Yes				l	100.0	I		

## Method of Reimbursement

		edicare			edicaid			Other		P	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				62	100.0	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	62	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		62	100.0		0	0.0		0	0.0		0	0.0		0	0.0		62	100.0

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of	12/31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	24.2		66.1	9.7	62
Other Nursing Homes	11.8	Dressing	40.3		54.8	4.8	62
Acute Care Hospitals	5.9	Transferring	72.6		22.6	4.8	62
Psych. HospMR/DD Facilities	35.3	Toilet Use	48.4		41.9	9.7	62
Rehabilitation Hospitals	0.0	Eating	83.9		4.8	11.3	62
Other Locations	47.1	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Total Number of Admissions	17	Continence		용	Special Treatme	ents	ଚ
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	0.0	Receiving Res	spiratory Care	3.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	33.9	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	29.0	Receiving Suc	ctioning	0.0
Other Nursing Homes	7.7				Receiving Ost	tomy Care	1.6
Acute Care Hospitals	0.0	Mobility			Receiving Tub	oe Feeding	0.0
Psych. HospMR/DD Facilities	15.4	Physically Restrained	d	24.2	Receiving Med	chanically Altered D	iets 45.2
Rehabilitation Hospitals	0.0						
Other Locations	53.8	Skin Care			Other Resident	Characteristics	
Deaths	23.1	With Pressure Sores		1.6	Have Advance	Directives	100.0
Total Number of Discharges	1	With Rashes		4.8	Medications		
(Including Deaths)	13				Receiving Psy	ychoactive Drugs	79.0

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

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	This		DD		All	
	Facility	Fac %	ilities Ratio	Fac %	ilties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92.2	83.9	1.10	85.1	1.08	
Current Residents from In-County	85.5	38.2	2.24	76.6	1.12	
Admissions from In-County, Still Residing	35.3	18.5	1.90	20.3	1.74	
Admissions/Average Daily Census	28.8	20.3	1.42	133.4	0.22	
Discharges/Average Daily Census	22.0	23.6	0.93	135.3	0.16	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	9.7	15.3	0.63	87.7	0.11	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	27.4	54.0	0.51	49.3	0.56	
Psychological Problems	79.0	48.2	1.64	54.0	1.46	
Nursing Care Required (Mean) *	7.1	11.3	0.62	7.2	0.98	